

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *A96000001122*
 1. Entity Name
LMN ASST LTD.

APPROVED
AND
FILED

00 MAR 29 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mf 4/10

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1255 McCauley Rd
Cleawater, FL
33765

2. Principal Place of Business 3. Mailing Address
1255 McCauley Rd
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Cleawater, FL
 Zip Country Zip Country
33765 *Florida*

4. FEI Number Applied For
59-3409780 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. *75,000.00* 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
 NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS				
CITY-ST-ZIP			STREET ADDRESS	
			CITY-ST-ZIP	

600003206446--5
 -04/12/00--01094--016
 ****526.25 ****526.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *James A. Howell* 3/27/2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)